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CONFIRMATION NO. 4534

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10/664,283	09/17/2003 RULE	705	3623	72167.000460

APPLICANTS

Jodi Breslin, Great Neck, NY;
 Evelyn Borgia, Hauppauge, NY;
 Graham de Gottal, Readington, NJ;

**** CONTINUING DATA *******

This appln claims benefit of 60/411,284 09/17/2002

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
12/08/2003

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	/THOMAS L. MANSFIELD/ Examiner's Signature	<input type="checkbox"/> Met after Allowance	Initials	NY	12	30	2

ADDRESS

HUNTON & WILLIAMS LLP
 INTELLECTUAL PROPERTY DEPARTMENT
 1900 K STREET, N.W.
 SUITE 1200
 WASHINGTON, DC 20006-1109
 UNITED STATES

TITLE

System and method for managing risks associated with outside service providers

FILING FEE RECEIVED 1060	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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